



Montana Crow Tribe of Indians/Apsáalooke Nation

EFFECTIVE FINANCING STATEMENT

Filing Fee = \$7.00

In the space below, type the name and address where you want the Montana Secretary of State's office to send your confirmation letter.

Return Name:

Return Address:

RESERVED FOR FILING OFFICE

Contact Name:

Contact Phone Number:

1. DEBTOR'S Exact Full "Legal" Name - Only one debtor name (1a or 1b)

or	1a. Organization's Name				
	1b. Individual's Last Name	First Name	Middle Name	Suffix	
1c. Mailing Address		City	State	Postal Code	Country
1d. Tax identification number		1e. Debtor's Signature			

2. Additional DEBTOR'S Exact Full "Legal" Name - Only one debtor name (2a or 2b)

or	2a. Organization's Name				
	2b. Individual's Last Name	First Name	Middle Name	Suffix	
2c. Mailing Address		City	State	Postal Code	Country
2d. Tax identification number		2e. Debtor's Signature			

3. SECURED PARTY'S Name - Only one secured party name (3a or 3b)

or	3a. Organization's Name				
	3b. Individual's Last Name	First Name	Middle Name	Suffix	
3c. Mailing Address		City	State	Postal Code	Country
3d. Secured Party's Signature					

The following table is for specific Farm Products only

Specific Farm Product	Crop Year	Montana County	Farm Product Quantity/Description

Proceeds Covered ☐ (Check box if proceeds are covered)

Products Covered ☐ (Check box if products are covered)